

CITY OF IVANHOE

870 Charmaine Dr. East, Woodville, TX 75979

APPLICATION FOR RESIDENTIAL CONSTRUCTION PERMIT

cityofivanhoe@gmail.com (409) 283-3299 Phone/Fax www.cityofivanhoetx.com

RESIDENTIAL CONSTRUCTION P.DATE	ERMIT APPLICATION #		
ALLOW UP TO A MINIMUM OF EIGHT (8) F	ULL WORKING DAYS FOR CITY TO	PROCESS APPLICAT	ION FOR PERMIT
Property Owner or Tenant name	e Number		
Project Location	Section_	Blk	Lot
Mailing Address if different from above_			
 ❖ A separate permit is required for each type of Construction: ☐ Residential Type of Permit: ☐ New ☐ Ad ☐ Move ☐ Remove ※ 1,000 S.Q. FT. MINIMUM HEATE DISTRICTS REQUIRED ※ UNDER NO CIRCUMSTANCES SHAPE 	Land Occupancy Idition Alteration Other D/COOLED SPACE FOR HO	Repair ME CONSTRUC	TION IN ALL
An issued permit becomes invalid if the work on if the work on the site is incomplete due to susp	• •		•
NO WORK CAN PROCEED UNTIL P	PERMIT IS ISSUED		

- ▶ Items required by City, City Building Inspector, Code Enforcement Official or Designee prior to permit issuance:
 - 1. Plot drawing of the property showing placement of the building, septic system, fence or other buildings/structures on the specified property, and the relationship to property lines.
 - 2. All plans submitted must be stamped by a Professional Draftsman, Architect, or Engineer.
 - 3. Elevation plan of the proposed building or structure. (If a pre-fab structure, a copy of the manufacturer spec. sheet is acceptable).

- 4. A statement of the total square footage of the building, and the total living space must be stamped by a Professional Draftsman, Architect, or Engineer.
- 5. A list of the exterior materials to be used, and the type of roofing material.
 - ► CHECK CITY ORDINANCES FOR RESTRICTIONS (www.cityofivanhoetx.com)

<u>▶NOTICE</u>: IT IS ADVISABLE TO CONTACT THE STATE 811 SERVICE AT LEAST 48 HOURS PRIOR TO DIGGING (including post holes) AND SUBMIT A LINE LOCATE REQUEST.

I hereby certify that I am the owner of record of the property described above, or an authorized agent of the owner. After review of this application I certify that all information contained hereon is true and correct to the best of my knowledge. The work shall comply with all provisions of laws and ordinances, whether specified or not. By my signature I authorize the City, City Building Inspector, Code Enforcement Official or Designee to enter upon said property for inspections pertaining to this application and subsequent permit. The grant of a permit does not presume to give authority to violate or cancel the provisions of any federal, state, or local law regulating construction or the performance of construction.

Signature of Applicant	Date		
Contact Name:	Phone_		
Email Address:	Fax		
Additional Comments:			



Applicant/Property Owner

APPLICATION FOR RESIDENTIAL CONSTRUCTION PERMIT

Alteration and Repair/New Construction

	**					
Please provide be	low a detailed	plot drawing/d	escription of th	e ALL proposed work	below and ALL	existing structures on
property. **MUS	T PROVIDE	AN ADDITIO	NAL PLAN/I	FOR BUILDING O	R STRUCTURE	INCLUDING ALL
EXTERIOR M.	ATERIALS	& TYPE OF	ROOFING	MATERIALS/TOT	AL SQUARE	FOOTAGE/TOTAL
LIVING SPACE	**					

► ALL PLANS MUST BE STAMPED BY A PROFESSIONAL DRAFTSMAN/ARCHITECT/ENGINEER.



The undersigned applicant hereby declares that the herein will be performed in conformity with existin City Council of Ivanhoe, TX and the undersigned a from the City Building Inspector by calling the City inspections required by the City of Ivanhoe.	ng regulations as pert applicant will be resp	tains to building as passed and approved by the ponsible for scheduling the required inspections
 1st Inspection; When form is ready or pier & 2nd Inspection; Framing & dried in before grades 3rd Inspection; Ready for Habitation requirements 	sheetrock (Intermedia	ate)
► These Inspections must be scheduled a minimum of Re-Inspections Fees if applicable)	of seven (7) days prio	or to inspections & DO NOT INCLUDE ANY
Signature of Contractor or Authorized Ag	gent	Date
Signature of Owner of Record		Date
Approved		
Title		Date

Applicant/Property Owner_____

IF APPLICABLE/ REQUIRED:

CONTRACTOR	ADDRESS	CITY, STATE, ZIP	PHONE
ELECTRIC:			
PLUMBING:			
OTHER:			
DELIVERY TRANSPORTS:			
** <u>ALL</u> Contractors must register at Ivanhoe City Hall, and present copies of their licenses and insurance coverage <u>PRIOR</u> to any permits being issued**			
** ALL DELIVERIES & EQUINSURANCE COVERAGE CONSTRUCTIONS DUE TO W	ERTIFICATE ON 1	FILE, WEIGHT LIMITS AN	
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